

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Vargas, Jaime; et. al.

Assignee: Cardica, Inc.

Title: Sutureless Closure and Deployment System for Connecting Blood Vessels

Serial No.: 09/664,588

Filing Date: September 18, 2000

Examiner: Daniel J. Davis

Group Art Unit: 3731

Docket No.: 032405-016

11-20

#31

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR § 1.97(b)**

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In compliance with the Applicant's duty under 37 CFR § 1.56, the information listed on the accompanying form PTO-1449 is brought to the attention of the Examiner.

This IDS is believed to be timely in that it is being submitted under 37 CFR § 1.97(b), and thus no petition or fee is required.

Respectfully submitted,

Brian A. Schar  
Attorney for Applicant(s)  
Reg. No. 45,076  
Cardica, Inc.  
900 Saginaw Dr.  
Redwood City, CA 94063



November 14, 2003

Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Applicant(s): Vargas, Jaime; et. al.  
Assignee: Cardica, Inc.  
Title: Sutureless Closure and Deployment System for Connecting Blood Vessels  
Serial No.: 09/664,588  
Examiner: Daniel J. Davis  
Docket No.: 032405-016  
Filed: September 18, 2000  
Group Art Unit: 3731

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) This Transmittal Letter;
- (2) Request for Continued Examination;
- (3) Supplemental Information Disclosure Statement;
- (4) Form PTO-1449 and listed references;
- (5) Response to Office Action;
- (6) Check no. 8691 in the amount of \$385.00; and
- (7) Return postcard.

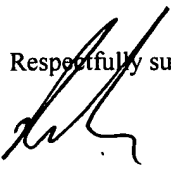
- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>	<u>Rate</u>	Additional <u>Fee</u>
Basic RCE fee							\$385.00
Total Claims	36	Minus	41	=	0	x \$9	\$ 0.00
Independent Claims	3	Minus	3	=	0	x \$43	\$ 0.00
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application							\$
<b><u>Total additional fee for this Amendment:</u></b>							\$ <u>0.00</u>
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input type="checkbox"/> Please charge our Deposit Account No. 502108 in the amount of							\$ <u>0.00</u>
<input checked="" type="checkbox"/> Please charge any additional fees required and credit any overpayment to our Deposit Account No. 502108.							
<b>Total:</b>							\$ <u>385.00</u>

Express Mail Label No.  
EV302958433US

Respectfully submitted,

  
Brian A. Schar  
Attorney for Applicant(s)  
Reg. No. 45,076

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